SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

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IMPENDING HEALTH LEGISLATION IN U.S.A.

Health Bill before Congress

Last November President Truman sent a message to Congress outlining a National Health Programme. He pointed out that millions of United States citizens had no opportunity to achieve or enjoy good health and no security against the unequal economic incidence of sickness. One-third of the men examined for military service had been rejected as unfit, and more people died annually in the United States from preventable diseases than had been killed or had died from injuries during the war. The benefits of medical science, said the President, were not available equally to all. People with small incomes did not command the same medical attention as those who were better off; rural areas were less well served than the towns. He drew particular attention to the unequal distribution of doctors. In proportion to its population the United States has more doctors than any other large country in the world, but large areas are under-doctored. About 1,200 counties in various States, covering a population of some 15 million, have no local hospital or at least none which meets even the minimum standards of the national professional associations.

The President's Programme

The programme submitted by the President contained five basic provisions: (1) federal aid grants for the building of hospitals and health centres throughout the country; (2) extension of maternity and child welfare services; (3) extension of public health services[1]; (4) the establishment of a national science federation for promoting medical research and professional education; and (5) compensation for loss of earnings due to sickness. With regard to this last it is explained that about nine-tenths of such loss is due to illness or accident not directly connected with employment, and therefore not covered by the system of workmen's compensation. The President also suggested in general terms what amounts to a system of compulsory health insurance on a wide basis. At present only about 3 or 4% of the American population are insured for any comprehensive medical care. The President had in mind a scheme which would provide medical services, including hospital and specialist, and also dental care, on payment of a contribution equal to 4% of the first £600 of the insured person's annual earnings. Those so insured should remain free to choose their doctors, and doctors to accept or reject their patients, and freedom to treat and be treated outside the system should be conserved. The President described the American people as the most insurance-minded in the world and not likely to be frightened off a scheme of national health insurance by talk, already current, of "socialized medicine."

Content of the Bill

On the same day as this message was received by Congress, two senators, Wagner and Murray, introduced a new Health Bill embodying a compulsory insurance plan for the nation. The Bill is said to be the idea of Isidore S. Falk, research director of the Social Security Board, and Michael M. Davis, a member of the Political Action Committee of the big industrial workers' association known as the C.I.O. Senator Wagner declared that the Bill was the result of constructive suggestions by many outstanding medical authorities as well as other organizations interested in improving the national health. But it was not denied that no representatives of the American Medical Association had been consulted, although that body includes 125,000 doctors. The *Journal of the American Medical Association* promptly complained that "typical of the kind of government that the bureaucrat would force on the American people is this technique of consulting the advisers who are known in advance to be in complete agreement with the persons whom they are supposed to advise, and of studiously avoiding anyone who might offer a contrary opinion. This is government by minority with a vengeance."

The Bill is in two parts, or "titles" as they are called in America. The first part consists of three sections, one of them proposing federal grants to States for public health services, another proposing grants for maternity and child welfare services, and the third proposing grants for the medical care of needy persons. The second "title" is the more controversial. It proposes to make available personal health service benefits to insured employees, their specified dependants, and certain other individuals. It does not appear that it is intended to cover 100% of the population; the figure of 80 to 85% is mentioned. Personal health service benefits mean general and special medical and dental benefits, home nursing, laboratory services, and treatment in hospital. Broadly speaking, general medical benefit is represented by the services of the family practitioner, while special medical benefit means the services of consultants or specialists, which will ordinarily be available only on general practitioner advice.

On the administrative side the Surgeon-General of the Public Health Service at Washington will be the head of the service, assisted by a national advisory medical policy council consisting of 16 members, appointed by the Surgeon-General, its chairman, from panels submitted by professional and other organizations. It will be the council's business to advise on general policy and administration, including professional standards and designations, and methods and arrangements. The Surgeon-General will also be responsible for the panels of practitioners accepting service and the lists of persons eligible for benefit. The payment of general practitioners, and of specialists also, may be on a fee-for-service basis, a capitation basis, or a full or part-time salary basis, or a combination of any of these. The method of payment is to be determined in each local area. It may be according to a national scale or may take account of exceptional regional conditions.

Opposition to State Medicine

The proposals have aroused some fierce opposition in the medical profession in the States—opposition which may seem to us, accustomed for a generation to State compulsory health insurance, and now facing a greater revolution in health services, somewhat extreme, but American social history and the freedom of the American medical profession must be borne in mind. The *Journal of the American Medical Association* declares that this is worse than "socialized medicine," the term which President Truman deprecated, it is "State medicine." The Government would collect the funds available, manage the service, and distribute the payments. It is pointed out that the free choice which is said to be ensured is largely a chimera, for the Bill provides that the Surgeon-General, who will be at the head of the service, can limit the number of patients a doctor may see, and provide other doctors when too many patients make the same selection.

A forthright leading article in the *J.A.M.A.* declares that by this measure the doctors of America will become "clock-watchers and slaves of a system." This, it says, is the kind of regimentation which led to totalitarianism in Germany. The prime consideration is deduction from the pay of the worker and taxation of the employer so that the Government can do for the people of the United States most of the things which the people have been accustomed to do for themselves.

[1] At present fewer than half the counties in the States are provided with a full-time public health service.

Actually, however, the method of contribution or tax is not raised in the Bill. An earlier Bill, introduced by the same two senators, did propose a tax or contribution to be levied on employees, employers, and self-employed persons in order to finance the compulsory sickness programme. The new Bill now before Congress, which presumably supersedes the first, imposes no such taxation, merely laying it down that the service will be financed by appropriations from the general fund. The original proposal was 3% on wages, one half to be contributed by the employer and the other half by the employee. The opponents of the Bill see in the dropping of these proposals an attempt to by-pass the congressional committees which in both the Senate and the House have jurisdiction over any legislation imposing taxes. The reply of the promoters is that it has been done merely to expedite public business.

The Bill in Committee

After its introduction into the Senate the Bill was referred to the Senate Committee on Education and Labour, of which Senator Murray, one of the promoters, is chairman. Here it has received a close examination. The method followed in Senate committees, unlike that in the Standing Committee of our own House of Commons, is to hear statements and take evidence from outside witnesses. The proceedings began with long declarations by the supporters of the Bill, in which they denied that the measure would destroy private practice in medicine, fetter the doctor, or upset the voluntary hospital position. The proceedings have not been without acerbity. A good deal of uneasiness has been shown over the position of the Surgeon-General. Witnesses against the Bill have said that the medical profession will be placed under the direction of one man, who will become a dictator. To this Dr. J. W. Mountin, Medical Director of the Public Health Service, replied that the Surgeon-General is appointed by the President, his appointment has to be confirmed by the Senate, he is under the control of the administrator (Minister) who sits in the Government, a report from his department has to be made to Congress annually, he has to come before it for his appropriations, and if anything went wrong and any substantial body of citizens, or even a small number of citizens, made a complaint Congress would very quickly transmit it to the Surgeon-General and call him to account. On the general merits of the Bill Dr. Mountin said that the critics had paid too much attention to certain details and too little to the underlying philosophy. "Heretofore the individual has had to finance his own cost of illness out of his own pocket. This is an attempt to change that process, and, so to speak, lift the cost of illness off the pockets of sick people and place it on the broad shoulders of society." Representatives of several national organizations have given evidence.

Platform of the A.M.A.

Meanwhile, the American Medical Association has announced a programme to improve the health and medical care situation in the United States. It begins by stressing the importance of nutrition, housing, and preventive medical services and the need for health and diagnostic centres and hospitals and a maternity service. It calls for a medical care plan, the costs of which would be met by a voluntary non-profit prepayment system. A body has been already set up to be known as Associated Medical Care Plans, Incorporated, the "members" of which are the various services which conform at least to the minimum standard laid down by the A.M.A. Council, and also permit transference from one service to another. It is pointed out that the medical profession in each area must assume responsibility for the medical services included in the benefits, and at the head of the principles which each such plan must embody are free choice of doctor and the maintenance of the confidential and personal doctor-patient relationship. At present it is estimated that 75% of the population receive no prepaid medical care at all, and only 4% receive any complete care under voluntary health insurance plans. Most of the present medical prepayment organizations give a service limited in coverage and scope, though some special evidence relating to services operating in Washington and Oregon is being, or has been, presented to the Senate Committee; the services in those States are said to approach what is desirable on a national scale.

The reply of the promoters of the Bill is to point out the shortcomings of private or voluntary insurance, the non-eligibility of large numbers of people, the fact that the plans meet only a section of health needs, the weighting of such schemes by the unhealthy and those who anticipate illness, and the overlapping and duplication and tendency to high administrative costs which characterize such schemes. According to one witness before the committee, there is no hope of voluntary insurance schemes fulfilling of themselves a comprehensive and exclusive medical care programme. But the A.M.A. thinks that along such lines, given the efficient organization and uniformity which a central body could ensure, there is an alternative to a State scheme to which, both from the public and the professional point of view, there are deep-rooted objections.

INTERNATIONAL MEDICAL CONFERENCE

The medical profession of Great Britain has been fortunate during the war years in that its professional and scientific activities have been much less interrupted than has been the case with professional associations on the Continent. The Council of the British Medical Association has taken the view that the Association should give a lead in bringing together the national medical organizations of the various countries. In June, 1945, an unofficial conference was held at B.M.A. House to explore means of continuing the fellowship built up during the war between doctors of different nationalities. Delegates from Belgium, France, Holland, Yugoslavia, Poland, and the United States stressed the need for an international medical organization. The B.M.A. has therefore called an International Medical Conference in conjunction with *L'Association Professionnelle Internationale des Médecins*. The purpose of this Conference is to promote international medical relations, and this may best be achieved by an association of the national medical bodies for the advancement of medicine, including its cultural and social aspects, and the promotion of international good will and understanding.

International Policy

The medical profession throughout the world must recognize and accept its responsibility for the world's health. It is especially important at this moment that doctors should be keenly aware of the power, duty, and responsibility of the profession in the international as well as the national sphere. British doctors can give a lead to the whole medical world and encourage doctors in less fortunate countries to exert all their influence to avert dangers to world peace and health. The failure of German doctors to attempt to combat the Nazi ideology led to both professional and national debasement, and their own profession became disintegrated.

The attitude and standards of a country's doctors permeate the whole of its social fabric. There is no need for them to engage in politics; they can play their part through service, example, and persuasion. They can promote the recognition of the importance and dignity of the individual and of his liberty of thought and action; they can spread knowledge of the basic principles of a healthy and happy life—sound family life, adequate nutrition, good housing, sound mental health, the right use of leisure, the right attitude to environment, and the prevention of disease. They can, in short, help to make the health of the peoples a primary object of international policy. If British doctors will take the initiative, they will not only be raising British prestige, but they will help medicine throughout the world to take up its responsibility as a powerful force for peace, health, and security.

Immediate Problems

The immediate problems of international medicine are to rehabilitate the medical profession in European countries and to improve the standards of health of the peoples on the Continent. The solution of the second problem is to a large extent dependent, as a long-term policy, upon the solution of the first, and there is here a great opportunity for the British profession to help its colleagues. The destruction of German and Austrian medical facilities, organizations, and prestige has left a void in Europe. Before the war doctors in Norway,

Sweden, Denmark, Holland, Switzerland, and other countries habitually visited German medical institutions, received German medical journals, were conversant with German medical literature, and generally profited by recent work in Germany. This source of assistance and inspiration has now wholly disappeared and the doctors in the liberated countries in western and northern Europe are anxiously looking for an alternative. As English is widely spoken in these countries it should not be difficult for Great Britain to fill the gap.

Between the two great wars, pioneer work in international medical relationships was carried out by the A.P.I.M. During the war this body was no longer able to function, and the time has now come to review and enlarge its work, which will be complementary to that of the new world health organization now being shaped by U.N.O.

Among the activities of an international medical body would be the exchange of teachers, and students, and books, with provision for postgraduate courses and appointments. The two new abstracting journals, *Abstracts of World Medicine* and *Abstracts of World Surgery, Obstetrics, and Gynaecology*, which are to be published in four months' time by the B.M.A., should be of the utmost value in this connexion.

The possibility of a special publication for the international medical body may be considered. The whole subject of an international medical organization will be explored by the Conference to be held at B.M.A. House from September 25 to 27. The following countries have already intimated their intention of being represented: Australia, Austria, Belgium, Bulgaria, Canada, Czechoslovakia, Denmark, Eire, France, Hungary, Netherlands, New Zealand, Norway, Palestine, Peru, Poland, South Africa, Spain, Sweden, Switzerland, and the United States of America. The British Medical Students' Association will also be represented. In addition to the formal meetings there will be a dinner at the Savoy Hotel. The Minister of Health is giving a luncheon reception, and Sir Alfred Webb-Johnson, president of the Royal College of Surgeons, has arranged for the delegates to visit the Middlesex Hospital.

HEARD AT HEADQUARTERS

Friendly Societies and the Doctors' Case

Appreciation of the doctors' case shows itself in rather unexpected quarters, as, for instance, in the High Court of the Ancient Order of Foresters, the second largest friendly society in the kingdom, meeting the other day at Tunbridge Wells. The member of the Executive Council who introduced the discussion on the National Health Service Bill, Mr. E. J. Hicks, who will next year be High Chief Ranger, said that from close touch with the members of the Order, numbering nearly half a million on the voluntary side, it was evident that there was widespread sympathy with the doctors' position. The doctors of the future, he said, would be directed just like the "Bevin boys." Nobody liked direction, and although we had all been pushed hither and thither during the last six years the process became no more agreeable with repetition. Their sympathy was with the doctors, said Mr. Hicks, because they knew how essential was the personal relationship between doctor and patient. Doctors often failed, not because their skill was lacking, but because the patient's trust was not forthcoming. "We believe that the best system is the one we have had for many years past. I am not saying that everything in the medical service was exactly as it ought to have been, but it did give freedom." The Foresters, while welcoming on the whole the National Health Service, were troubled by its effect on certain operations of the friendly societies, notably juvenile medical benefit, which will become a redundant service.

The Minister of Health has made a regulation under the National Health Insurance (Medical Benefit) Regulations providing that a chemist shall not dispense a prescription requiring the manufacture by him of a preparation of penicillin for parenteral injection unless he holds a licence for that manufacture under the Therapeutic Substances Act.

Correspondence

The Representative Body and Regional Boards

SIR,—The antic behaviour of the Representative Body is sometimes more reminiscent of a tribal gathering than the deliberations of a democratic body, evolved after nearly a quarter of a century's experiment. The emotional flash-point of the R.B. is at times so low that any instance of fifth form buffoonery can elicit the loud laugh that speaks the vacant collective mind. And any opportunist hot-head with a persuasive tongue can talk the R.B. round into voting against its better judgment.

A remarkable instance of this folly was the passage of the amendment outlawing the regional boards (Aug. 3, p. 56). This irrelevant amendment to a perfectly sound resolution became a resolution after the second attempt to suspend standing orders. Judging by the figures quoted the required three-quarters majority obtained did not represent a third of the total R.B.; there must have been numerous abstentions and absences. But the effect of this fantastic resolution, so-called, if rigidly implemented, will be to hamstring the labours of the Negotiating Committee over the past two years, and to remove from the hospital-planning agencies that authoritative medical influence we have all been working for. Moreover, the wording of the resolution is so comprehensive that it excludes as well the university representatives, the professors of medicine and surgery, and the deans of medical faculties. Are these men likely to sacrifice the interests of their university on the regional boards at the dictation of the R.B.? Incidentally, is the B.M.A. to legislate for *every* medical practitioner? Surely it is assuming powers that properly belong to the G.M.C.

This resolution not only cuts off our nose to spite our face, but hands it on a plate to the Minister. If the medical profession and universities won't play ball on the regional boards, who will be jumping with glee?—the local authorities and the trade union movement.

No, the sooner this unhappy resolution lies accumulating dust on the table, the better. And to prevent such incidents in the future the machinery of the R.B. must be re-devised. The report of the agenda committee in response to the Winchester resolution was a model of democratic theory, but in practice the procedure is not working efficiently. The R.B. is too large a body to sustain collective responsibility for more than a few hours, and it must be protected from its tendency to lapse into tribal mass hysteria by tightening up the standing orders and adapting these so that the loophole of suspension of standing orders does not arise.—I am, etc.,

Bristol. FRANK BODMAN.

Delayed Release of Specialists

SIR,—We wish to urge in the strongest terms the speeding-up of the demobilization of specialists in the Forces. Under the present circumstances specialists will not only be released months after general-duty medical officers, but will also suffer a considerable delay as compared with ordinary combatant officers. It is appreciated that there must inevitably be unevenness in the pace of release in different categories of the Services, but we feel that insufficient effort is being made by the Central and Local Medical War Committees to recruit specialist replacements. Our experience of recent "short lists" suggests that a considerable number of candidates of military age have never had war service, and it would seem unfair that such people should not only have escaped war service but should be successful in obtaining specialist appointments in view of their unbroken civilian service.

Considering the present dissatisfaction among specialists we wish to make the following recommendations: (1) That detailed lists of specialists who for medical or other reasons have as yet carried out no war service be made by Central and Local Medical War Committees. Where medical reasons have been responsible for exemptions or postponements these be revised in the light of the less exacting peacetime conditions. (2) That the responsible military authorities be urged (*a*) to revise their existing military establishments and thus limit their specialist requirements, and (*b*) to expedite the training of suitable regular Army officers to fill specialist deficiencies.—We are, etc,

TWO SPECIALISTS.

Medical Unemployment

SIR,—I thoroughly endorse the remarks of "Unemployed Ex-Serviceman" and Dr. G. L. E. Thomas (Aug. 3, p. 58), and other returning or unemployed doctors in previous issues. It would be interesting to know how many of us are in this predicament. There are many to my knowledge, and some are beginning to look beyond medicine for a livelihood. This serious situation cannot be given too much emphasis and publicity.

After serving in the R.N.V.R. from Sept., 1939, to Feb., 1946, I got married on demobilization, and have since been living on steadily diminishing capital. Countless letters in reply to advertisements for assistants or partners have brought no reply, and those to business or industrial firms, or for other appointments, have brought the reply regretting that the vacancy has now been filled. It seems impossible to buy a suitable practice without involving oneself in debt for life in order to buy the house. Few of us expect any particular gratitude for our war service, but it must be known that most of us suffered financially, and the aftermath appears to be ruination.

It is astonishing to find speedier demobilization of Service M.O.s being urged. Those still in the Forces are more fortunate than they seem to imagine. Whilst sympathizing with those alien doctors still in this country, it does seem that our own people should be entitled to prior consideration. Most Service doctors were no more in favour of the National Health Service than were our colleagues at home, but now there must be few of us who do not anxiously await its advent at the earliest possible moment.—I am, etc.,

"Ex-R.N.V.R."

Association Notices

CONSULTANTS AND SPECIALISTS COMMITTEE

Part-time Consultants and Specialists

Notice is hereby given of the formation by the Council of an electoral roll for the election to the Consultants and Specialists Committee of five representatives of members of the Association who are engaged part-time in consultant and specialist practice. Members of the Association who claim to conform to this definition, including those serving with H. M. Forces, are requested to complete and return the appended form to the Secretary, B.M.A. House, Tavistock Square, London, W.C.1, not later than Monday, Sept. 2, 1946.

CHARLES HILL,
Secretary.

Aug. 3, 1946.

BRITISH MEDICAL ASSOCIATION

CONSULTANTS AND SPECIALISTS COMMITTEE
Part-time Consultants and Specialists

FORM OF APPLICATION FOR INCLUSION IN ELECTORAL ROLL

To the Secretary,
British Medical Association,
B.M.A. House, Tavistock Square,
London, W.C.1.

I wish to apply for inclusion in the electoral roll for the election of representatives of part-time consultants and specialists on the Consultants and Specialists Committee. I am a member of the Association and am engaged part-time in the consultant and specialist practice of.....

Signed.....

Address.....

.....

Date.....

POSTGRADUATE NEWS

A special two weeks' postgraduate course in cardiology will be held at the Liverpool Heart Hospital (Oxford Street, Liverpool) from Monday to Friday, Sept. 16 to 20, and Monday to Friday, Sept. 23 to 27, at 3.30 p.m. and 4.30 p.m. each day. The fee for the course is £1 1s., and applications to join should be sent to the secretary of the hospital. Details will be published in the diary column of the *Supplement* for the appropriate weeks.

A series of postgraduate lectures will be given at the Victoria Hospital, Blackpool, on Thursdays, at 8 p.m., from Sept. 12 to Dec. 12, both dates inclusive. Details will be published in the diary column of the *Supplement* week by week.

Twelve lectures on "The Psychology of Delinquency," part of the University of London Extension Courses, will be given by Dr. Alan Maberly at the Institute for the Scientific Treatment of Delinquency (8, Bourdon Street, Davies Street, London, W.) on Wednesday, at 7 p.m., beginning on Oct. 2. The fee for the course is £1. Full details may be obtained from the general secretary of the institute.

A 14-day general refresher course will be held at Addenbrooke's Hospital, Cambridge, beginning on Monday, Oct. 14. The course is open to medical officers released from H.M. Forces and to national health insurance practitioners, who will receive the same allowances as are allowed to medical officers released from H.M. Forces. Further particulars and forms of entry may be obtained from Dr. A. C. D. Firth, Trinity Hall, Cambridge (Tel.: Cambridge 5047).

WEEKLY POSTGRADUATE DIARY

EDINBURGH POSTGRADUATE LECTURES.—At West Medical Theatre, Edinburgh Royal Infirmary, *Thurs.*, 4.30 p.m. Dr. J. D. S. Cameron, Treatment of Amoebiasis.

APPOINTMENTS

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Visiting medical staff appointments. *Director of the Department of Radiology*, L. G. Blair, M.R.C.S., L.R.C.P., D.M.R.E. *Physician to Out-patients*, P. R. Evans, M.D., F.R.C.P. *Director of Department of Physical Medicine*, B. F. Kiernander, M.B., B.S., D.M.R.E. *Physician to Department of Psychological Medicine*, Eleanor M. Creak, M.D., D.P.M. *Dental Surgeon*, T. Craddock Henry, M.R.C.S., L.R.C.P., L.D.S. *Anaesthetists*, D. Aserman, M.D., D.A., B. G. B. Lucas, M.R.C.S., L.R.C.P., D.A.

CLARKE, H. OSMOND, F.R.C.S., Honorary Surgeon and Assistant Director of Orthopaedic and Accident Department, London Hospital.

DAVIDSON, J. ROMANES, M.D., Medical Superintendent, Orphan Homes for Scotland and Colony for Epileptics, Bridge of Weir, Renfrewshire.

HANNESSON, HANNES, M.R.C.S., L.R.C.P., Medical Superintendent, Croydon County Borough Sanatorium, North Cheam, Surrey.

Branch and Division Meetings to be Held

ISLE OF WIGHT DIVISION.—At Nurses Home, Royal I.W. County Hospital, Ryde, Sunday, Aug. 25, 2.45 p.m., Combined Clinical and Medico-Political Meeting. Dr. Charles Hill: The Present Position. All practitioners are invited to attend.

BIRTHS, MARRIAGES, AND DEATHS

The charge for an insertion under this head is 10s. 6d. *for* 18 *words or less. Extra words* 3s. 6d. *for each six or less. Payment should be forwarded with the notice, authenticated by the name and permanent address of the sender, and should reach the Advertisement Manager not later than first post Monday morning.*

BIRTHS

BROWN.—On August 10, 1946, at Sutton Coldfield, to Jean, wife of Dr. J. W. Brown, a son.

CAGNEY.—On August 6, 1946, at Margate Maternity Home, to Mary (*née* Darlow, M.B., Ch.B.), wife of D. J. Cagney, a son.

MURPHY.—On August 8, 1946, at 2, Trafalgar Avenue, S.E.15, to Doctors Edward Grahame and Mary Patricia (*née* McHugh), a son.

OWSTON.—On August 7, 1946, at the Bromhead Maternity Home, Lincoln, to Ethel Winifred Owston, M.B., Ch.B. (*née* Sharrard), wife of Philip Owston, B.Sc., a daughter—Winifred Joy.

MARRIAGES

GANGULI—BLACKMOREE.—On July 14, 1940, at South Kensington, London, Amiya Nath Ganguli, M.B., B.S., D.C.H., to Mme. Violetta Blackmoree.

HOWARTH—HOPKINS.—On July 16, 1946, at Llanilid, Frank Hugo Howarth, M.A., M.B., B.Chir., Major, R.A.M.C., to Lucy Gwendoline Irene Hopkins.

SPRIGGS—BUTLER.—On July 27, 1946, at St. Paul's, Wednesbury, Richard Spriggs, Inspector, Somalia Gendarmerie, to Clarice Butler, M.B., Ch.B.

DEATHS

MORTON.—On August 7, 1946, at Kirkland, Berwick-on-Tweed, Colonel Hugh Murray Morton, C.B.E., D.S.O., R.A.M.C. (retired), dear husband of Helen Morton.

NISSE.—On August 14, 1946, at 106, Teignmouth Road, Brondesbury, N.W.2, Bertram Sidney Nisse, M.D., M.R.C.P. Deeply mourned.

RAW.—On August 5, 1946, at Whitby, Yorkshire, Herbert Harland Raw, M.R.C.S., L.R.C.P., aged 68.